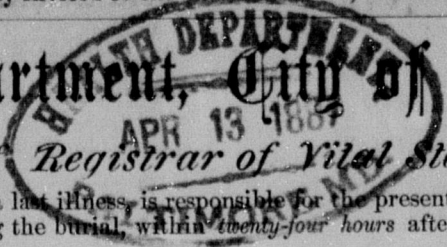


HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm.1132. Printed 10/25/2022.

Health Department, City of Baltimore.



Permit No. 99220 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr. 11 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Owen Byrne

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 16 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } In water off Laurel Point

Cause of Death, { First (Primary), Second (Immediate), } Accidentally Drowned

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem.

Date of Burial, Apr 14 1887

{ Undertaker, E. G. G. Jones } E. H. Rutledge M. D.

{ Place of Business, G. Jones & W. Jones } Address, 403 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 99221 Office of Registrar of Vital Statistics.

Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 11th 1887

Full Name of Deceased, Ellen Paeurima
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Female
Cross out the word not required in this line.

Age, 5 Years, 0 Months, 0 Days

Color, Black

Married, Single, Widow or Widower, Single
Cross out the words not required in this line.

Occupation, —

Birth Place, Anne Arundel Co Maryland
State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, 4 years

Place of Death, 12 N. Dallas
Give Street and Number.

Cause of Death, Convulsions
First (Primary), Second (Immediate).

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 13th 1887

Undertaker, William Dungee Medical Attendant, Wm. N. Hill M. D.

Place of Business, 153 East St Address, 1438 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 99222 Office of Registrar of Vital Statistics.

Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

12th April 1889

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Edward C Leary

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

2

Years,

5

Months,

Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

{ Give Street and Number. }

No 6 Curley st

Cause of Death,

{ First (Primary),

Second (Immediate),

Cerebro-Spinal Meningitis
6 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. Vincent's Cemetery

Date of Burial,

April 14th 1889

{ Undertaker,

James O. Byrne

{ Place of Business,

No 63 W. Front St

Address,

E. J. Williams M. D.

Medical Attendant.

2826 Elliott

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 99223 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 13, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ada Harker

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 5 Years, 9 Months, Days

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, 6 mos.

Place of Death, { Give Street and Number. } 221 W. Carrollton Ave.

Cause of Death, { First (Primary), Second (Immediate), } Scarlatina
Glycemia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Harrisville

Date of Burial, April 14th 1887

Undertaker, W. Cadogan

Place of Business, 227 Mulberry St. Address, 934 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 99224 Office of Registrar of Vital Statistics. Ward 3rd.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 11th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Arthur Doyle

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 5⁸ Years, — Months, — Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, { Give Street and Number. } 91 S. Castle St

Cause of Death, { First (Primary), Second (Immediate), } Consumption

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, St. Cross Cemetery

Date of Burial, April 14 / 1884

Undertaker, A. J. Guinness M. D.

Place of Business, N. Central Ave Address, Ampt 13 & 14

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

W. C. Roberts Inspector

[OVER.]

Health Department, City of Baltimore.

Permit No. 99225 Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 12th 1887
Full Name of Deceased, Patrick Sharkey
Sex, Male or Female, male
Age, 45 Years, Months, Days.
Color, white
Married, Single, Widow or Widower, Widower
Occupation, none
Birth Place, Ireland
Duration of Residence in the City of Baltimore, 40 years
Place of Death, No. 1501 Fort Ave. L.D.
Cause of Death, First (Primary), pneumonia
Second (Immediate),
Duration of Last Sickness, one day
All the above information should be furnished by the Physician.
Place of Burial, Holy Cross Cemetery
Date of Burial, April 14th 1887
Undertaker, Daniel Flynn
Place of Business, 42 E. West St. Address, 111 S. Green St.
M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 99226 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 13 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret S. Rhodes

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 31 Years, 3 Months, 21 Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, { Give Street and Number. } 1506 Schales

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Bethel Cemetery

Date of Burial, April 15 1887

{ Undertaker, } Charles W. ...

{ Place of Business, } 75 Light Address, 578 ...

Medical Attendant, _____

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

Physician is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate

Health Department, City of Baltimore.

Permit No. 99227 Office of Registrar of Vital Statistics.

Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 13 1887

Full Name of Deceased, Infant Brown
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } (Abraham Brown) (Father)

Age, _____ Years, _____ Months, 2 Days

Color, colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 1213 Raborg St

Cause of Death, { First (Primary), Second (Immediate), } Spasm
Spasm

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Sharpe Cemetery

Date of Burial, Apr 14 1887

{ Undertaker, William Dungee M. D.

{ Place of Business, 1508 1st St Address, 1259 N. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 99228

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 13. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jessamine Milburn

Sex, Male or Female, { cross out the word not required in this line. }

Age, 85 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, _____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 7 yrs

Place of Death, { Give street and number } #1028 N. E. Howard St.

Cause of Death, { First, (Primary) Bronchitis }
{ Second, (Immediate) Asthma }

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Broomes Wld. St. Marys Co. Md.

Date of Burial, April 15-87

{ Undertaker, Wm. Weaver }

{ Place of Business, 738 N. E. Howard }

Address, #1216 John St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

4635 Transit

[6748]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99229 Office of Registrar of Vital Statistics.

Ward 6^c

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 13 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Estrella Fornish

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, _____ Months, _____ Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 1918 E. Chase St -

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Date of Burial, April 14th

Place of Burial, Laurel Cemetery

Date of Burial, A. L. Gage M. D.

Undertaker, A. O. R. Bandell

Place of Business, 1608 Miller St Address, 1853 N B way

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]